

To: Co-Chair, Representative Sean Scanlon, Insurance and Real Estate Committee
Co-Chair, Senator Matt Lesser, Insurance and Real Estate Committee
Members of the Insurance and Real Estate Committee

Date: March 5, 2019

Subject: HB 7125 Parity in Mental Health and Substance Use Disorder Benefits

Hello, my name is Tim Clement and I am testifying in support of HB 7125 on behalf of the American Psychiatric Association (APA), a national medical specialty society representing more than 38,600 psychiatric physicians, as well as their patients and families. This critical piece of legislation is designed to further implementation of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Federal Parity Law). It would also reduce barriers to medication-assisted treatment for substance use disorders. Both of these policy prescriptions are urgently needed, as Connecticut's death toll from overdoses and suicides continues to rise.

This bill requires transparency and accountability on the part of insurers. This is necessary because more than a decade after the Federal Parity Law was enacted, state and federal examinations have consistently found that insurers are still not in compliance with the more complex aspects of the law and its implementing regulations. Specifically, these investigations have found that insurers are frequently out of compliance with the Federal Parity Law's requirements that relate to nonquantitative treatment limitations, which include practices such as prior authorization, step therapy, reimbursement rate setting, and provider network design, among others. Virtually every investigation has found problems in these areas.

HB 7125 requires insurers to submit reports to the state that will show if they are in fact complying with the nonquantitative treatment limitation requirements in a way that mirrors the approach enacted last legislative session in Delaware, the District of Columbia, Illinois and Tennessee. This approach is also being pursued this legislative session in at least 15 other states, including Massachusetts. This level of transparency and accountability is necessary because there is no other way for the state, consumers and families, and the provider community to know if insurers are in compliance.

The Federal Parity Law's nonquantitative treatment limitation rules require that they be "comparable to, and applied no more stringently than" for mental health and substance use disorder care versus other medical care. It is impossible to know if insurers are meeting this standard without the information requested by this legislation. Furthermore, it is similarly impossible for an insurer to assert that it is in fact complying with the law unless it has performed comparative analyses such as those required by the legislation. Simply put, submitting this information should be an easy task for insurers unless they have not already done their due diligence to secure compliance with the law. While the Connecticut Insurance Department does have an annual mental health and substance use

disorder survey that it requires insurers to submit, none of the questions in that survey actually ask insurers to show if their mental health and substance use disorder nonquantitative treatment limitations are in fact “comparable to, and applied no more stringently than” those in place for other medical benefits. It is highly unlikely that insurers will produce the correct information unless it is requested directly.

Finally, eliminating barriers to insurance coverage for medication-assisted treatment is simple and direct solution that will save lives. People in need of addiction treatment need it right away, and any delays increase the risk of death.

I applaud the General Assembly for introducing this important piece of legislation and implore all of you to move this bill and enact it.

Sincerely,
Tim Clement
Regional Director and Legislative Advisor
American Psychiatric Association